Edgar Filing: CONMED CORP - Form 4

CONMED C Form 4 October 04,								
FORM	1 4					OMB AF	PROVAL	
-	UNITED STAT	ES SECURITIES AN Washington, 1			OMMISSION	OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 c	Ger STATEMENT	OF CHANGES IN E SECURI		CIAL OWN	NERSHIP OF	Expires: Estimated a burden hour response	~	
Form 5 obligatio may cont <i>See</i> Instr 1(b).	$\frac{ns}{inue}$. Section 17(a) of th	o Section 16(a) of the e Public Utility Hold n) of the Investment (ing Com	pany Act of	1935 or Section			
(Print or Type l	Responses)							
1. Name and A JONAS DA	2. Issuer Name and Symbol CONMED CORP		-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (Middle)	3. Date of Earliest Tra	insaction		(Chech	k an applicable)	
C/O CONM FRENCH R	(Month/Day/Year) 09/30/2016			Director 10% Owner X Officer (give title Other (specify below) below) EVP Legal Affairs,Gen. Counsel				
	4. If Amendment, Dat	mendment, Date Original			6. Individual or Joint/Group Filing(Check			
UTICA, NY	2 13502-5994	Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) (Zip)	Table I - Non-De	erivative S	ecurities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	any	eemed 3.	4. Securiti n(A) or Dis (Instr. 3, 4	ies Acquired sposed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Common Stock	09/30/2016	A V	116	A \$ 38.06	18,120	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: CONMED CORP - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Title Amoun Underl Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
JONAS DANIEL C/O CONMED CORP 525 FRENCH ROAD UTICA, NY 13502-5994			EVP Legal Affairs,Gen. Counsel				
Signatures							
Daniel S. Jonas 1	0/04/2016						
<u>**</u> Signature of	Date						

 **Signature of Reporting Person
 Date

 Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.